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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
FOR NU		NUMBEI	R FILED .	NUMBEI	R EXTRA	RATE	FEE	•• :	RATE	FEE
	C FEE FR 1.16(a))						s	OR :	For the Edition	277) D
TOTAL CLAIMS 37 CFR 1.16(c))		5 minus 20 =				x s=		OR	X \$=	· .
NDEPENDENT CLAIMS 37 CFR 1.16(b))		(2	minus 3 =	1		x s=		OR	x s=	artini i
AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+5 =	_	OR ·	+5 =			
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR .	TOTAL	770.00
CLAIMS AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR :	OTHER THAN SMALL ENTITY		
Δ T	Slight R	CLAIMS, EMAINING AFTER MENDMENT	1	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
影	Total (37 OFR 1.16(c))	5	Minus **	20	=	x s=		OR	χ̄s	l <sub>z</sub>
AMENDM	Independent (37 CFR 1.16(b)) -	~3	Minus			x s=		OR	₹s=,	11,03
₹I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s=		OR	+s=	
_1		<del>.</del> .				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
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	(	Column 1)		(Column 2)	(Column 5)			<del>-</del>		<del>-,</del>
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ) 16(6))

AMEND

Independent FR CFR Fettin

"If the entry in column is less than the entry in Column 1.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 13.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR-1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden/should be sent to trie Ghief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissionary to Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissionary to Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450:-

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ADD'L FEE

TOTAL ADON FEET

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If you need assistance in completing the form 'call 1-800-PTO-9199 and select option.2.

<sup>.</sup> If the entry in column 1 is less than the entry in column 2, write  $\ensuremath{^{10^{\circ}}}$  in column 3.